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ABSTRACT

Findings of a 1973 study by the University of Arizona College of Medicine Admissions Review Committee (established by the Arizona Legislature) are summarized in an excerpt from a 1972 report and in a letter and memo. The committee reviewed the admission policies and practices of the College of Medicine for 2 years by a random study of 50 percent of those accepted to enter, those on the alternate list, and those rejected for admission. Over all, the committee found that the admission practices of the College paralleled closely those of other medical schools in the country. It was found that practically all of the admitted students in 1971 and 1972 were from Arizona, and there was approximately proportional representation from all the counties in the state. Eleven percent of the freshmen admitted in 1971 were from minority groups, while in 1972 20 percent were minority. There was a 1 to 5 ratio of women to men admitted in 1972 and a 1 to 4 ratio in 1971. The need to improve the interview as an admission criterion was addressed, and the use of formulas to differentiate the quality of the applicant pool in the universities was surveyed by the Board of Regents. An examination of the individual credentials of applicants indicated that they must depict strength in two and usually three of the four criteria that are considered by the Admissions Committee. Consistency and pervasiveness of effort are keys to a student being accepted to medical school. The evaluation format used by interviewers, which is appended, was revised for the 1972-1973 year. Additionally, a format with further revision that will be used for 1973-1974 is also appended. Information on the entering class in 1973 and the screening process is included. (SW)

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ED222124

UNIVERSITY OF ARIZONA
COLLEGE OF MEDICINE
ADMISSIONS REVIEW COMMITTEE

Dr. Paul L. Singer, Chairman
The Honorable Burton S. Barr
Dr. John J. Standifer
Mr. Keith Turley
Dr. Chas. Thomas Moore

The Honorable William C. Jacquin
The Honorable Stanley W. Akers
Mr. L. E. Woodall

August 30, 1973

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HE 015 531

C O N T E N T S

1. Memorandum to the Arizona Board of Regents from Dr. Paul L. Singer, Chairman, University of Arizona College of Medicine Admissions Review Committee, dated September 11, 1972
2. Excerpt from the Supplemental Report to the University of Arizona College of Medicine Admissions Review Committee, dated September, 1972
3. Letter to Mrs. Margaret M. Christy, President, Arizona Board of Regents, from Dr. Chas. Thomas Moore, Academic Planning Coordinator, dated July 12, 1973, and a copy of a memorandum from Dr. George H. Adams, Assistant Dean for Student Affairs, University of Arizona College of Medicine, to the Arizona Board of Regents, dated June 19, 1973



ARIZONA BOARD OF REGENTS

EDUCATION BUILDING (602) 271-4082
1535 W. JEFFERSON, PHOENIX, AZ. 85007

September 11, 1972

TO: Members of the Board of Regents

Mr. Kenneth G. Bentson
Mrs. Margaret M. Christy
Mr. James E. Dunseath
Mr. John A. Lentz
Mr. Gordon D. Paris
Mr. Norman G. Sharber
Mr. Sidney S. Woods

Governor Jack Williams
Dr. Weldon P. Shofstall

FROM: Dr. Paul L. Singer, Chairman, University of Arizona College
of Medicine Admissions Review Committee

At the request of the Arizona Legislature, specifically the Honorable William C. Jacquin, President of the Senate, and the Honorable Timothy A. Barrow, Speaker of the House, the Board of Regents established committees in May, 1972 to review admissions practices and policies of the College of Law at Arizona State University and the University of Arizona and the College of Medicine at the University of Arizona. Each committee has met several times since its appointment.

The Medical School Admissions Review Committee consists of the following persons: Dr. Paul L. Singer, President of the Board of Regents, Chairman; Honorable Burton S. Barr, Member of the House of Representatives; Dr. John J. Standifer, President of the Arizona Medical Association; and Mr. Keith Turley, Vice President and General Manager of Arizona Public Service. The committee requested Dr. Chas. Thomas Moore, Academic Planning Coordinator for the Arizona Board of Regents, to review and evaluate medical school applications and to contact ten percent of the other medical schools in the country in order to determine their admission practices and policies.

The remainder of this letter is concerned with a brief description of the findings of the Medical School Admissions Review Committee which is submitted to you for your review. We would be grateful for your concurrence.

The committee reviewed the admissions policies and practices of the U of A College of Medicine for the past two years by a random study of fifty percent of those accepted to enter, those on the alternate list, and those rejected for admission. By and large the committee found that the admission practices of the College of Medicine of the U of A parallel closely those of other medical schools in the country (a questionnaire was sent to ten percent of the medical schools in the country to verify this). A detailed report of the statistics and findings is attached to this letter.

The committee would like to point out that of those accepted to enter the medical school the median length of residence in Arizona was 15 years for 1971 and 18 years for 1972. Practically all of the students admitted to the medical school in 1971 and 1972 were from the State of Arizona. Only one student in each year came from other states and these represented obligatory admissions under the WICHE arrangement (one from Idaho in 1971 and one from Montana in 1972).

A review by sections of the state shows that there is approximately proportional representation from all the counties in the state. Not illogically, there is a greater concentration of Pima County residents on the admissions list than from the rest of the state.

On the question of minority students, it should be pointed out that in 1971 11 percent of the freshmen admitted were from minority groups and in 1972 20 percent. There is a 1:5 ratio of women admitted to the medical school in 1972 and 1:4 ratio of women admitted to the class of 1971. This reflects the national and international trend to admit women to medical schools (in Russia, for example, 80 percent of the doctors are women).

The committee has come up with some very specific recommendations based mainly on the criterion of the personal interview. It is felt by the committee that this section of the admissions policies must be improved in order to assure equal opportunity since applicants for medical schools come from the top 5 percent of graduating classes and from that top 5 percent the Admissions Committee must select the top 20 percent. The committee is especially concerned with this issue since it is extremely difficult to differentiate between and among students in the 99th and 100th percentile.

Recommendations

1. The Admissions Committee of the U of A College of Medicine is advised that some of the other medical schools in the country have significantly better evaluation formats for the personal interview; for example, the University of Alabama, the University of Utah, and the University of Missouri. It is the recommendation of the committee that the Admissions Committee of the U of A College of Medicine re-evaluate their formats and adopt new or modified instruments.

It is further recommended that the Admissions Committee contact additional medical schools for more information than the committee obtained in its ten percent sample.

2. It is recommended that the persons selected to interview the applicants be given extensive training in the techniques of interviewing.
3. It is recommended that no student be on the personal interview committees.
4. It is recommended that the final selection committee (the actual Admissions Committee) be enlarged. It is felt that it is useful, and perhaps productive, to have student representation on this committee.
5. It is recommended that better contacts be established with the other universities in the state in order to remove some of the mysteries and complexities of the application process.
6. It is recommended that if the size of the freshman class is increased in 1973 and in subsequent years by approximately 10 percent, that special effort be made to invite the last set of alternates that were not accepted to any medical school to reapply for admission to the College of Medicine at the University of Arizona. It is recommended that the small group of alternates who reapply will receive particular consideration from a subcommittee of the Admissions Committee.
7. The Admissions Committee of the U of A College of Medicine is requested to report to the Medical School Admissions Review Committee of the Board of Regents within one year as to the implementation of the former recommendations.

PLS:jn

Excerpt From The Supplemental Report to the
University of Arizona College of Medicine
Admissions Review Committee
September, 1972

SUMMARY STATEMENT

The volume of applications for admission to the College of Medicine at the University of Arizona is extremely high numbering 1,585 in 1971 and 714 in 1972. The restrictive admissions policy pursued by the College of Medicine eliminated all out-of-state students except those from the states included in the WICHE arrangement and the size of the pools that were seriously considered by the Admissions Committee numbered 276 in 1971 and 281 in 1972. Of the 63 students admitted in 1971 and the 71 students admitted in 1972, only one obligatory admission each year from out of state was included in the admitted group. Hence, 62 of 63 students were from Arizona in 1971 and 70 of 71 were residents of Arizona in 1972.

The average length of residence in Arizona in the accepted to enter group in 1971 was 14 years and the average student in the accepted to enter group in 1972 had spent 15.6 years in the state prior to entrance into the College of Medicine. Most of the students are long-time residents of the state and an examination of the records clearly indicates that they established residence in the state before being admitted to the College of Medicine. A long-term commitment to Arizona is reinforced by an examination of the place of high school graduation and the domicile of the parents. Of the 1971 class, 75 per cent of the students graduated from high schools in Arizona and of the 1972 class 80 per cent received high school degrees in this state. Most of the parents of these students have a domicile in Arizona. In 1971, 84 per cent of the students' parents were domiciled in the state and in 1972 almost 89 per cent of the students' parents were residents. The increase in the rates between place of high school graduation and the parents' present home indicates the students' parents immigrated to Arizona during the students' college years.

As in most medical schools, the College of Medicine considers the MCAT, letters of recommendations, the GPA, personal interviews and extracurricular work in determining the admissibility of the student to the freshman class. Although students accepted to enter and those rejected can be clearly differentiated in terms of grades and MCAT scores, it is difficult to differentiate between the students who are in the accepted to enter group and those in the alternate group, at least based upon grades and MCAT's. It should be emphasized that the medical school is receiving applications from the top 5 per cent of students in Arizona indeed in the United States. Only 20 per cent of the applicants to the medical school can be accepted; hence students admitted to the college are in the 99th and 100th percentile of students.

Generally, the admissions practices and policies pursued by the College of Medicine at the University of Arizona are similar to the other medical schools that were contacted in a survey conducted by the staff of the Board of Regents. Room does remain for improving the methods employed to judge students through letters of recommendation and in the personal interviews. The formats or instruments employed in the personal interviews could be expanded carefully and additional predictors used as methods of projecting the success of the student in medical school training. If necessary, it is recommended that outside help be obtained in the training of interviewers. Consultation aid might contribute to the improvement of the interview forms and instruments.

CONCLUSIONS AND RECOMMENDATIONS

- A. The admissions practices and policies pursued at the University of Arizona College of Medicine are approximately the same as those employed by the seven schools that supplied data to the committee. All the schools recognize that the criteria and tests which are used to help make admission selections are underdeveloped. Expressed in other terms, using the MCAT and GPA as intellectual predictors of success are only partial answers to identifying the best candidates for medical school. First sorts for selection of candidates are easy -- one can differentiate the day to day performance potential of a student with an MCAT of 450 and a 2.8 grade average rather easily from a student who has a 600 MCAT score and a 3.5 average. The fact remains that any admissions committee is dealing with a long list of superior, even excellent, students. The upward shift of MCAT scores and grade averages even in the small number of applicants at the U of A reflect the improving quality of the pool of applicants from year to year.

The process of group judgment in this kind of situation is difficult at best and at worst does produce errors of judgment in selections. There are no major errors of judgment in the selections that have been made in the College of Medicine at the U of A.

Significant attention should be given to the non-intellective or qualitative measures used in evaluating students in interviews or through letters of recommendation. Evidence of discipline, motivation, analytical responsiveness, interest in medicine, social values, intellectual potential, quality of oral expression, hobbies, energy levels, etc. ought to be given consideration in developing improved non-intellective or qualitatively oriented instruments or formats for judging students. But it must be remembered primary dependence is placed upon the MCAT or GPA to rapidly differentiate the pool of applicants. From that point the personal interview and letters of recommendation become important indicators of motivation, attitude, and desire and these criteria are often employed to differentiate those accepted from the alternate group.

- B. The use of formula to differentiate the quality of the applicant pool in the universities included in the survey was extremely limited. The University of Illinois does use a promising device (a multiple regression equation) to rapidly determine the highs and lows in their applicant pool.

Factor analysis of the variables involved in qualitative judgments (e.g. attitude or motivation) is also a promising approach to analyze qualitative factors as predictors of success. There is little question that qualitative factors become extremely important if the student is at the margin; i.e. if he is near the bottom of the top competitive group in the applicant pool. The onerous task facing the Admissions Committee creates the opportunity for selection error in the close case or cases with which they are confronted. Once again, applicants for medical schools come from the top 5 per cent of graduating classes and from that top 5 per cent the Admissions Committee must select the top 20 per cent. In other words, it is extremely difficult to differentiate between the 99th and 100th percentile.

- C. The record of the U of A College of Medicine in the areas of minority and disadvantaged groups is salutary and as the size of the medical school class increases (approximately 10 per cent per year for the next five years) applicants representing minorities or disadvantaged groups can be more easily brought into the matriculating classes. The College of Medicine faculty is acutely aware of the need for more medical practitioners that are black or of Spanish American origin and are bending every effort to include a number of these students in each class.

There is always a question of whether these students will practice in locations where they are needed but unquestionably incentives for practice in areas (ghetto or poverty stricken areas) will be provided through various mechanisms probably from the national level; e.g. group practices, clinic arrangements, national service plans, and other devices which will attract graduates into these areas.

The potential of obtaining meaningful locational commitments from disadvantaged students or even from students drawn from the majority are poor. The incentive system, in general, must lie outside the academic process and must be accomplished through public or private grants and even subsidies.

The rural area and small town problems correspond closely to those found in the minority or disadvantaged areas of the metropolitan communities. Most of the efforts to guarantee practice within rural areas or small towns have only been partially successful. It is obviously better to take students from small towns or rural areas since the chances of their returning are better than if they come from a large community. On the other hand, incentive plans to attract students back to small towns or rural areas cannot be viewed as economic successes even though perhaps one-third of the students drawn through special plans in other states have returned to small towns or rural areas. Again it is questionable whether incentives offered during the academic training period play an important role in the decision of where to practice. On the other hand, if experiences can be obtained in rural areas through group practices (private or public) the student may become interested in a small town or rural practice if he knows that he will not be isolated intellectually and workwise from his peers once he decides to practice in these areas. The

key points in time to influence these decisions are found during the clinical education years (the last 18 months of a 3¹/₄ month medical education program) and the residency years (approximately a three-year period).

- D. Letters of recommendation values and the personal interview ratings reflect not only negative impressions of the persons judging applicants but also the failure to make any impression on the part of the applicant. There is no question that the interview forms used by the College of Medicine could be improved and that additional instructions regarding the rating materials would be useful to persons acting in these interviewing roles. Improved and more extensive contacts between the medical school and the undergraduate pre-medical committees on the campuses of Arizona universities should be undertaken as soon as possible in order to remove some of the mystery and complexities of the application process. This effort will also help the Admissions Committee obtain early identification of applicants and will allow representatives of the medical school to counsel students at an earlier time in their educational career. Serious consideration should be given to increasing the size of the Admissions Committee and including on it people outside the medical school itself. Serious consideration should be given to using faculty only on the interview committees. Additional students could be added to the Admissions Committee.
- E. An examination of the individual credentials of every other applicant in the groups previously identified reveals that applicants must depict strength in two and usually three of the four criteria that are considered by the Admissions Committee. Consistency and pervasiveness of effort are keys to a student being accepted in medical school. Many of the exceptions in the accepted to enter groups can be identified as members of minorities or as disadvantaged persons. In most cases females are competitive but some who have been accepted had lower grades and MCAT scores.
- F. Tables 3, 4, and 5 summarize state of domicile, county of domicile, and minority students for freshman students enrolled in the U of A College of Medicine in 1971 and 1972. Each class of freshman students included only one out-of-state person and that met the minimum standard imposed under the VICHE agreements. The distribution of freshmen by counties does not mirror the population distribution of the state but a significant percentage of both the 1971 and 1972 freshman classes came from counties other than Maricopa and Pima. Minority students included in the freshman classes in the College of Medicine at the U of A have increased in number and as a percentage of enrollment. The same can be said about female enrollment as a percentage of total enrollment in each freshman class.
- G. If the size of the freshman class is increased in 1973 and in subsequent years by approximately 10 per cent, it is strongly recommended that special effort be made to invite the last set of alternates that were not accepted to any medical school to reapply for admission to the College of Medicine at the University of Arizona. It is recommended that the small group of alternates who reapply will receive particular consideration from a subcommittee of the Admissions Committee.



ARIZONA BOARD OF REGENTS

EDUCATION BUILDING (602) 271-4022
1535 W. JEFFERSON, PHOENIX, AZ. 85007

July 12, 1973

Mrs. Margaret M. Christy
President
Arizona Board of Regents
Drawer 869
Sedona, Arizona 86336

Dear Mrs. Christy:

Attached is a follow-up report on the admissions process at the University of Arizona College of Medicine. This response was requested by the Medical School Admissions Committee in their report which was accepted by the Arizona Board of Regents on September 23, 1972. The membership of the Committee included Dr. Paul L. Singer, chairman, The Honorable Burton S. Barr, Dr. John J. Standifer, and Mr. Keith Turley. The group was established at the request of the Arizona Legislature, particularly The Honorable William C. Jacquin, President of the Senate, and The Honorable Timothy A. Barrow, Speaker of the House, to review admissions practices and policies at the College of Medicine at the University of Arizona.

Although the follow-up report addresses the specific recommendations of the Medical School Admissions Committee, it is important to reiterate the Committee's general conclusion: the admission practices of the University of Arizona College of Medicine closely parallel those of other medical schools in the United States. These practices have stood the test of time as expressed in the quality of health care available to our citizens. Other questions treated in the study (length and place of student's residence in Arizona, criteria and standards used in evaluating applicants, minority representation, and the administration of the admissions process) received high marks from the Committee. Specific recommendations of the Committee were implemented prior to and after the report to the Board, reflecting internal re-evaluation and excellent administrative follow-up.

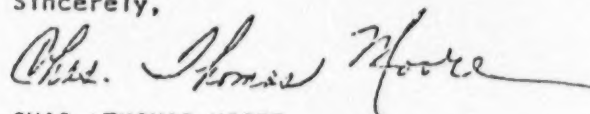
The Committee made seven recommendations, six of which dealt with substantive questions in the admissions process, particularly the personal interview process, the size of the final selection committee (the actual admissions committee), the communication links with other colleges and universities in the state, and the reconsideration of alternates in subsequent

years if the freshman class size was increased. All of the recommendations were implemented by the College. The College anticipated one of the recommendations and increased the membership of the admissions committee from four to fourteen for 1973. In relation to the recommendations concerned with the personal interview process, the College instituted formal training for faculty who conducted personal interviews of applicants. No students served on the personal interview teams as the 1973 class was considered. Communications with other universities in the state have been significantly improved. The report obviously points out that the very difficult job of selecting freshman students was approached in greater depth and, if possible, with more care.

Although the size of the freshman class in 1973 was not increased, those students who were high on the 1972 alternate list were asked to reapply, in accordance with the recommendations of the Medical School Admissions Committee.

The report depicts an outstanding response on the part of the College administration and faculty. With your permission, I will forward the follow-up report to members of the Medical School Admissions Committee, The Honorable William C. Jacquin, and The Honorable Stanley W. Akers.

Sincerely,



CHAS. THOMAS MOORE
Academic Planning Coordinator

1b

Attachments

cc: Regent Gordon D. Paris
Regent Paul L. Singer
President John P. Schaefer
Dr. Merlin K. DuVal
Dr. George H. Adams
Mr. L. E. Woodall



THE UNIVERSITY OF ARIZONA

ARIZONA MEDICAL CENTER
TUCSON, ARIZONA 85724

COLLEGE OF MEDICINE
ADMISSIONS OFFICE

19 June 1973

MEMORANDUM

TO: Arizona Board of Regents
(Attn: Dr. Thomas Moore)

VIA: (1) Dr. John P. Schaefer, President
University of Arizona
(2) Dr. Merlin K. DuVal
Vice President for Health Sciences and
Acting Dean, College of Medicine

FROM: Dr. George H. Adams
Assistant Dean for Student Affairs
University of Arizona College of Medicine

SUBJECT: Admissions Process at the University of Arizona
College of Medicine

On 23 September 1972 the Arizona Board of Regents accepted and approved a report from the Medical School Admissions Review Committee, chaired by Dr. Paul Singer. This report was communicated to the College of Medicine Administration, and it contained a number of recommendations. The final recommendation was a request for a report from the College of Medicine "within one year as to the implementation of the former recommendations." This memorandum serves as the requested report.

I should like first to point out that certain changes in the admissions process were made prior to receipt of the Review Committee's report. The size of the Admissions Committee was enlarged from 4 to 14 retaining representation from clinical faculty (4), basic science faculty (4), medical students (4) and administration (2). As before, all committee members had full voting privileges. To distribute the tremendous work load, the Admissions Committee was divided into four subcommittees with one member each from the clinical faculty, basic science faculty and student body. Each subcommittee

reviewed one-fourth of the applicant pool and presented their applicants in full committee meetings. Each of the 371 applicants to the 1973 entering class was discussed and voted on in full committee. Procedures were established to minimize advocacy on the part of each subcommittee and to maximize fair and equitable consideration of a subcommittee's applicants in relation to those of other subcommittees. While minority status was a factor in the evaluation of any given applicant, screening of such applicants was a function of the whole committee and was not a task assigned to any given subcommittee.

As in previous years, the interviews were conducted by persons not on the Admissions Committee itself. Thirty faculty members performed this function during the 1972-73 admission season, contributing more than 500 man-hours in the process. The Admissions Committee itself spent approximately 1100 man-hours in their work this past year to review the 371 applicants we seriously considered. Of this number, we reviewed 334 Arizona applicants (all who applied to us) and 37 well qualified applicants from the four western states without medical schools (Alaska, Idaho, Montana and Wyoming).

For the entering class of 71 students, 85 have been accepted to date with 14 withdrawing after acceptance, most to go to other schools. Of the 71 entering students, 65 are Arizona residents and six are from WICHE states without medical schools; 51 are male and 20 female. Seven minority students out of 44 applying were selected for the incoming class: one American Indian, four Mexican-Americans and two Orientals. Seven of the fourteen counties in Arizona are represented. The mean grade point average is 3.48, and the mean MCAT scores are 575 (up nearly thirty points over last year's entering class).

Relative to the recommendations made by the College of Medicine Admissions Review Committee last year, I respectfully submit the following information:

- 1) The evaluation format used by the interviewers was revised for the 72/73 season (see Attachment 1). Further revision is planned for 73/74 (see Attachment 2). We requested copies of evaluation formats for the personal interview from all other medical schools and received more than eighty from the 112 schools to which we sent letters. Many of these forms are designed for interviewers who also evaluate the full record of the applicant. Our interviewers do not see an applicant's record and, hence, we've designed our form to fit our needs. Approximately one-quarter of the medical schools responding to our questionnaire also conduct interviews in the same fashion. We plan to re-evaluate our interviewer's evaluation format each year and will improve it as necessary.

- 2) Interviewers for the 1972-73 admission season were given three seminars of approximately two hours each regarding the interviewing process. In addition, each was shown a training film detailing interviewer behavior and how this influenced an applicant's response. This film, a TV tape presentation, was produced at the College of Medicine with the help of Dr. Philip Lauver of the Department of Guidance and Counseling. For the 73/74 admission season we plan to hold more extensive training with joint meetings of interviewers and admission committee members to better delineate the information we need on the interview summaries. Again, workshops will be held for interviewers with the assistance of outside consultants. We also plan to have one highly trained interviewer (either a psychiatrist or a clinical psychologist) on each interviewing team of three members. Interviewers from the 72/73 season who showed outstanding interview ability and who wrote useful interview summaries are being invited to participate again in 73/74. The Admissions Committee has also spent a large amount of time screening nominations for new interviewers. It should be noted that less than 40% of other schools carry out any kind of interviewer training and, in most cases, this consists of putting a new person with an experienced interviewer for a few sessions.
- 3) Medical students did not function as interviewers during 72/73 nor do we plan to use students in 73/74. However, the Admissions Committee feels that many students have the ability and experience required to function in this role. In the past, some students have done a more thorough job of interviewing than some of the faculty. It should also be noted that nearly 60% of the schools responding to our survey have medical students interview applicants.
- 4) As mentioned earlier in this report, a decision to enlarge the Admissions Committee was made prior to receipt of these recommendations. Current membership consists of eight faculty, four medical students and two representatives from the administration. This is consistent with the composition and size of committees at other schools. More than 60% of medical schools responding to our questionnaire have medical students on their Admissions Committees.

- 5) In the past, the Chairman of the Admissions Committee has made one trip each year to visit with premedical advisors and students at all three state universities. During 72/73 two such trips were made, one in the fall during the application season and another in the early spring after the major decisions of the Admissions Committee had been made. Greater statistical data on each university's applicants were provided than was possible in the past during this second trip. In addition, the chairmen of the premedical committees at the three state universities and at Prescott College spent nearly a full day at the College of Medicine in early February. Some of this visit was devoted to detailed discussion of admission policies and procedures and to comparisons of how each premedical committee handles its task at their respective schools. The group also sat in on a two-hour Admissions Committee meeting as observers. Fortunately, the committee members quickly forgot the premed advisors were in the room so that business was conducted as usual. Afterwards, everyone had dinner together and enjoyed a free-wheeling discussion of what took place at the meeting, how the schools could provide better evaluations of their applicants, and other pertinent topics. These contacts will be continued in the future.

It should also be pointed out that for the past 3½ years, the Chairman of the Admissions Committee has held a weekly hour-long conference to which anyone interested in discussing admission to medical school is invited. Many students travel considerable distances to attend these conferences, and my impression is that they serve a very useful purpose. In addition, each applicant who is not accepted may make an individual appointment to see the Chairman of the Admissions Committee to review the record and discuss reasons for non-acceptance. In the past few years more than 300 applicants have taken advantage of this feedback session, more than 100 of those this year. This represents a large time investment, but we feel strongly that this is an important part of the application process for the student.

- 6) The size of the entering freshman class in 1973 will be 71 students, the same as last year. Since we were not certain whether the College would decide to enlarge the entering class size this year, we invited all those high on the alternate list last year to reapply according to the recommendation of the College of Medicine Admissions Review Committee. Had we enlarged our entering class, these individuals would have received particular consideration as recommended.

CONFIDENTIAL

ATTACHMENT 1

INTERVIEWER'S SUMMARY - UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE

Applicant _____ Time & Date _____

PLEASE FOCUS ON THE FOLLOWING CONTENT AREA:

Family background
& home life

Outside pursuits
(work, hobbies,
extracurricular, etc.)

Interest in medicine
(length, level, etc.)

Comments relative to content area:

What attributes did you find attractive?

What attributes did you find that were unattractive or that might interfere with a career in medicine?

CONFIDENTIAL

(Please see reverse side)

CONFIDENTIAL

Please check each of the following:

	O 5	AA 4	A 3	BA 2	P 1
MANNER (politeness, formality, nervousness, pleasantness, poise, etc.)					
APPEARANCE (neatness, etc.)					
VERBAL SKILLS AND EXPRESSION (clarity, coherence, etc.)					
INTERPERSONAL CONTACT (warmth, openness, ability to establish a one-to-one relationship with interviewer)					
OVERALL IMPRESSION					

O=Outstanding; AA=Above Average; A=Average; BA=Below Average; P=Poor.

Additonal Comments:

(Signature)

(Name of Interviewer)

(Department)

INTERVIEWER'S SUMMARY - UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE

APPLICANT _____ Time & Date _____

PLEASE FOCUS ON THE FOLLOWING CONTENT AREA:

Family background
and home life

Outside pursuits

Interest in medicine

Comments relative to content area:

What attributes did you find attractive?

What attributes did you find that were unattractive or that might interfere with a career in medicine?

CONFIDENTIAL

(Please see reverse side)

CONFIDENTIAL

Please check the appropriate box
in each of the following categories:

	O 5	AA 4	A 3	BA 2	P 1
MANNER (politeness, formality, nervousness, pleasantness, poise, etc.)					
APPEARANCE (neatness, etc.)					
VERBAL SKILLS AND EXPRESSION (clarity, coherence, etc.)					
INTERPERSONAL CONTACT (warmth, openness, ability to establish a one-to-one relationship with interviewer)					
SINCERITY (honesty, frankness, etc.)					
MATURITY (stability, etc.)					

O= Outstanding; AA= Above Average; A= Average; BA= Below Average; P= Poor

SUMMARY COMMENT:

OVERALL IMPRESSION: On the basis of your
impression during the interview, please
rate this applicant's suitability for a
medical career.

Highly suitable	Well suited	Suitable	Poorly suited	Not Suitab

Signature

Name of Interviewer-print

Department